

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 10     | 2-23-01  |
| FORMALITY REVIEW          | MO       | KAT    | 03/06/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim             | Date |
|-------------------|------|
| Final<br>Original |      |
| 1                 |      |
| 2                 |      |
| 3                 |      |
| 4                 |      |
| 5                 |      |
| 6                 |      |
| 7                 |      |
| 8                 |      |
| 9                 |      |
| 10                |      |
| 11                |      |
| 12                |      |
| 13                |      |
| 14                |      |
| 15                |      |
| 16                |      |
| 17                |      |
| 18                |      |
| 19                |      |
| 20                |      |
| 21                |      |
| 22                |      |
| 23                |      |
| 24                |      |
| 25                |      |
| 26                |      |
| 27                |      |
| 28                |      |
| 29                |      |
| 30                |      |
| 31                |      |
| 32                |      |
| 33                |      |
| 34                |      |
| 35                |      |
| 36                |      |
| 37                |      |
| 38                |      |
| 39                |      |
| 40                |      |
| 41                |      |
| 42                |      |
| 43                |      |
| 44                |      |
| 45                |      |
| 46                |      |
| 47                |      |
| 48                |      |
| 49                |      |
| 50                |      |

| Claim             | Date |
|-------------------|------|
| Final<br>Original |      |
| 51                |      |
| 52                |      |
| 53                |      |
| 54                |      |
| 55                |      |
| 56                |      |
| 57                |      |
| 58                |      |
| 59                |      |
| 60                |      |
| 61                |      |
| 62                |      |
| 63                |      |
| 64                |      |
| 65                |      |
| 66                |      |
| 67                |      |
| 68                |      |
| 69                |      |
| 70                |      |
| 71                |      |
| 72                |      |
| 73                |      |
| 74                |      |
| 75                |      |
| 76                |      |
| 77                |      |
| 78                |      |
| 79                |      |
| 80                |      |
| 81                |      |
| 82                |      |
| 83                |      |
| 84                |      |
| 85                |      |
| 86                |      |
| 87                |      |
| 88                |      |
| 89                |      |
| 90                |      |
| 91                |      |
| 92                |      |
| 93                |      |
| 94                |      |
| 95                |      |
| 96                |      |
| 97                |      |
| 98                |      |
| 99                |      |
| 100               |      |

| Claim             | Date |
|-------------------|------|
| Final<br>Original |      |
| 101               |      |
| 102               |      |
| 103               |      |
| 104               |      |
| 105               |      |
| 106               |      |
| 107               |      |
| 108               |      |
| 109               |      |
| 110               |      |
| 111               |      |
| 112               |      |
| 113               |      |
| 114               |      |
| 115               |      |
| 116               |      |
| 117               |      |
| 118               |      |
| 119               |      |
| 120               |      |
| 121               |      |
| 122               |      |
| 123               |      |
| 124               |      |
| 125               |      |
| 126               |      |
| 127               |      |
| 128               |      |
| 129               |      |
| 130               |      |
| 131               |      |
| 132               |      |
| 133               |      |
| 134               |      |
| 135               |      |
| 136               |      |
| 137               |      |
| 138               |      |
| 139               |      |
| 140               |      |
| 141               |      |
| 142               |      |
| 143               |      |
| 144               |      |
| 145               |      |
| 146               |      |
| 147               |      |
| 148               |      |
| 149               |      |
| 150               |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)